

B6F (Official Form 6F) (12/07)

IN RE **Brown, LaSonya D**

Debtor(s)

Case No. **5:14-bk-50639**

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 3478 American InfoSource LP as agent for Directv, LLC PO Box 51178 Los Angeles, CA 90051-5478 | | | | | | 177.98 |
| ACCOUNT NO. 1198 Augusta Health 78 Medical Center Drive Fishersville, VA 22939 | W | Medical debt incurred over past several years. | | | | 398.77 |
| ACCOUNT NO. XXXX Capital One PO Box 30281 Salt Lake City, UT 84130 | W | Revolving credit card charges incurred over the past several years. Amount due was a charge off from a settlement. 3,786.00 | | | | 0.00 |
| ACCOUNT NO. 0079 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861 | W | Medical bills incurred over several years. 1,206.00 | | | | 0.00 |

3 continuation sheets attached

Subtotal
(Total of this page) \$ **576.75**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

B6F (Official Form 6F) (12/07) - Cont.

IN RE **Brown, LaSonya D**Case No. **5:14-bk-50639**

Debtor(s)

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.) | CO-DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 0184 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861 | W | Medical bills incurred over the past several years. | | | | 2,774.44 |
| ACCOUNT NO. 3293 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861 | W | Medical bills incurred over the past several years. \$55.00 | | | | 0.00 |
| ACCOUNT NO. 0310 CAROLINAS MEDICAL CENTER PO BOX 32861 CHARLOTTE, NC 28232-2861 | W | Medical debt incurred over the past several years. \$957.00 | | | | 0.00 |
| ACCOUNT NO. Spartan Financial Services 13730 South Point Blvd Charlotte, NC 28273 | | Assignee or other notification for: CAROLINAS MEDICAL CENTER | | | | |
| ACCOUNT NO. 9193 Carolinas Physicians Network 1025 Morehead Medical Drive, Suite 500 Charlotte, NC 28204 | W | Medical bills incurred over the past several years. 188.00 | | | | 0.00 |
| ACCOUNT NO. Optimum Outcomes Inc 2651 Warrnville Rd Downers Grove, IL 60515 | | Assignee or other notification for: Carolinas Physicians Network | | | | |
| ACCOUNT NO. 9194 Carolinas Physicians Network 720 East Morehead Street, Suite 300 Charlotte, NC 28202 | W | Medical bills incurred over the past several years. 1,190.00 | | | | 0.00 |

Sheet no. 1 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **2,774.44**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Brown, LaSonya D

Debtor(s)

Case No. 5:14-bk-50639

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODITOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 5060 Carolinas Physicians Network 1025 Morehead Medical Drive, Suite 500 Charlotte, NC 28204 | W | Medical debt incurred over the past several years. 500.00 | | | | 0.00 |
| ACCOUNT NO. 6485 CMG-Eastover University Ob/Gyn 7810 Providence Road Suite 105 Charlotte, NC 28226 | W | Medical bills incurred over the past several years. 336.00 | | | | 0.00 |
| ACCOUNT NO. PMAB LLC 5970 Fairview Rd Charlotte, NC 28210 | | Assignee or other notification for: CMG-Eastover University Ob/Gyn | | | | |
| ACCOUNT NO. 6486 CMG-Eastover University Ob/Gyn 7810 Providence Road, Suite 105 Charlotte, NC 00000 | W | Medical debt incurred over past several years 138.00 | | | | 0.00 |
| ACCOUNT NO. Lofton Leasing 28 Imperial Drive Staunton, VA 24401 | | Rental lease agreement | | | | unknown |
| ACCOUNT NO. unknown Piedmont Medical Center 222 South Herlong Avenue Rock Hill, SC 29732 | W | Medical debt incurred over past several years. 722.00 | | | | 0.00 |
| ACCOUNT NO. Central Finance Control P O Box 66044 Anaheim, CA 92816 | | Assignee or other notification for: Piedmont Medical Center | | | | |

Sheet no. 2 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

B6F (Official Form 6F) (12/07) - Cont.

IN RE Brown, LaSonya D

Debtor(s)

Case No. 5:14-bk-50639

(If known)

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|---|--|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 6522 Solstas Lab Partners Attention Legal Department 4830 Federal Drive, Suite100 Greensboro, NC 27410 | W | Medical bills incurred over the past several years. 28.00 | | | | 0.00 |
| ACCOUNT NO. Stern & Associates P.A. 415 North Edgeworth Street, Ste. 210 Greensboro, NC 27401-2071 | | Assignee or other notification for: Solstas Lab Partners | | | | |
| ACCOUNT NO. 5001 U.S. Department of Education C/O Nelnet 3015 South Parker Road, Suite 400 Aurora, CO 80014 | W | Student Loan obligation | | | | 7,035.41 |
| ACCOUNT NO. Eric H. Holder Bankruptcy Dept U S Attorney General Washington, DC 20530-0001 | | Assignee or other notification for: U.S. Department of Education | | | | |
| ACCOUNT NO. D. Rivers P O Box 1709 Roanoke, VA 24008-1709 | | Assignee or other notification for: U.S. Department of Education | | | | |
| ACCOUNT NO. 5001 US Bank as Eligible Lender Claims Filing Unit PO Box 8973 Madison, WI 53708-8973 | W | Student loan obligation | | | | 98,601.71 |
| ACCOUNT NO. | | | | | | |

Sheet no. 3 of 3 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) **\$ 105,637.12**

(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

Total
\$ 108,988.31

B6 Declaration (Official Form 6 - Declaration) (12/07)

IN RE Brown, LaSonya D

Debtor(s)

Case No. 5:14-bk-50639

(If known)

AMENDED DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: November 6, 2014

Signature: /s/ LaSonya D Brown
LaSonya D Brown

Debtor

Date: _____

Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____

Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.